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City of Long Beach



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of Parks & Recreation
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Parks & Recreation Department

Friday Night Out

The Recreation Department will be hosting a Friday Night Out for children 2nd – 5th grade at Lindell School Gym. Children that participate in the program will have the opportunity to play basketball, dodgeball, soccer, kickball, and much more. **This program is for Long Beach School District Residents Only.**

Space is limited, 40 participants max per week. First come, first served.

	April	May	June
Friday	24	1 – 8 – 15 – 29	5 – 12 – 19

(Please circle which dates you will be attending)

LOCATION: Lindell Elementary School Gymnasium

TIME: Fridays – 7:00 p. m. to 9:00 p. m.

REGISTRATION: LONG BEACH RECREATION CENTER
700 MAGNOLIA BLVD.
516-431-3890

FEE: \$15.00 – Per Session
\$100.00 – For all Eight (8) Sessions
*Checks or money orders made payable to City of Long Beach
Visa, MasterCard and cash also accepted*

Name _____ Grade _____ DOB _____

Address _____ Phone _____

Parent Name _____ E-Mail _____

Emergency Name _____ Emergency Phone _____

School Attending _____

I, the parent or guardian of the below named child, give permission and approval for his/her participation in the Long Beach Parks and Recreation Department's Friday Night Out Program. I fully understand that my child must abide by all the Rules and Regulations set forth by the Parks and Recreation Department and further agree to explain to my child the Codes of Conduct set forth by the Long Beach Parks and Recreation Department. I also agree to follow those rules that apply to me as a parent and spectator. The Codes of Conduct can be found on the web at www.longbeachny.gov/rec. I hereby authorize and give full consent to the City of Long Beach to use and or publish photographs or video in which my child may appear while participating in Parks and Recreation programs and grant permission for publication or use of those images.

I understand that payment is non-transferable and non-refundable. Parent Signature _____

For Rec Staff Use:

Receipt # _____ Amount Paid \$ _____ Proof of Age _____ Date _____ Staff _____